

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2003 8:00 am
Secretary of State

09-17-2003 90020 006 ****61.25

DOCUMENT # N99000002630

1. Entity Name

TAX RESOURCE CENTER OF FLORIDA, INC.



Principal Place of Business

**20401 NORTHWEST 2ND AVENUE
SUITE 102
MIAMI FL 33169**

Mailing Address

**20401 NORTHWEST 2ND AVENUE
SUITE 102
MIAMI FL 33169**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0924785**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MOMPOINT, NOE**
STREET ADDRESS **20401 NORTHWEST 2ND AVENUE**
CITY-ST-ZIP **MIAMI FL 33169**

TITLE **SD** ☒ Delete
NAME **NILES, EARL R**
STREET ADDRESS **20401 NORTHWEST 2ND AVENUE**
CITY-ST-ZIP **MIAMI FL 33169**

TITLE **D** ☐ Delete
NAME **LUCVENS, FRANCOIS**
STREET ADDRESS **12735 NW 8TH AVE**
CITY-ST-ZIP **MIAMI FL 33168**

TITLE **D** ☐ Delete
NAME **JOHNSON, FRAZER**
STREET ADDRESS **12197 PEMBROKE RD**
CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **MOMPOINT, SAMUEL**
STREET ADDRESS **20401 NW 2nd ave, ste 103**
CITY-ST-ZIP **MIAMI, FL 33169**

TITLE **D** ☐ Change ☒ Addition
NAME **Alex Pierre-Louis**
STREET ADDRESS **20401 NW 2nd ave, ste 103**
CITY-ST-ZIP **MIAMI, FL 33169**

TITLE **D** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

9/10/03 (305) 652-4300

CR2E037 (4/03)